

## **CONTRACT SUMMARY**

This information will be made available to the public on the State Water Resources Control Board's (SWRCB) Website (see address below).

Use the "tab" and arrow keys to move through the form. If field is not applicable, please put N/A in block.

**Date filled out:** October 8, 2004

<b>A) Contract Information</b> Please use complete phrases/sentences. Fields will expand as necessary as you type.	
<b>1. Contract Number:</b> 03-145-554-0	
<b>2. Project Title:</b> <i>Assessing the Occurrence and Sources of E. coli and EC O157 Contamination in Castaic Lake</i>	
<b>3. Project Purpose – Problem:</b> (problem being addressed) <i>The goal of the project is to assess the sources and loads for elevated levels of E.coli in the Castaic Lake watershed.</i>	
<b>4. Project Goals:</b>	
<b>a. Short-term Goals:</b> <i>Identify the nonpoint source of E. coli contamination in Castaic Lake.</i>	
<b>b. Long-term Goals:</b> <i>Implement a nonstructural best management practice to address identified nonpoint source.</i>	
<b>5. Project Location:</b> (lat/longs, watershed, etc.) <i>Lat. 34°31'12" North, Long. 118°36'20" West, Santa Clara watershed</i>	
<b>a. Physical Size of Project:</b> (miles, acres, sq. ft., etc.) Lake surface area is 2240 acres.	<b>b. Counties</b> included in the project: <i>Los Angeles</i>
<b>c. Legislative Districts:</b> (Assembly and Senate) <i>38, 19</i>	
<b>6. Which SWRCB program is funding this contract?</b> Please put an "X" by the one that applies. <input checked="" type="checkbox"/> X Prop 13 <input type="checkbox"/> EPA 319(h) <input type="checkbox"/> Other	
<b>B) Contract Contact:</b> Refers to contract project director.	
<b>Name:</b> <i>Leslie Palencia</i>	<b>Job Title:</b> <i>Senior Engineer</i>
<b>Organization:</b> <i>Metropolitan Water District of So. Cal.</i>	<b>Webpage Address:</b> <i>www.mwdh2o.com</i>
<b>Address:</b> <i>700 N. Moreno Avenue La Verne, CA 91750</i>	
<b>Phone:</b> <i>(909)392-5431</i>	<b>Fax number:</b> <i>(213)576-5343</i>
<b>Email:</b> <i>lpal@mwdh2o.com</i>	
<b>C. Contract Time Frame:</b> Refers to the implementation period of the contract.	
<b>From:</b> <i>May 10, 2004</i>	<b>To:</b> <i>March 31, 2006</i>
<b>D) Project Partner Information:</b> Name all agencies/groups involved with project. <i>Castaic Lake Water Agency, Department of Water Resources, Los Angeles County Dept. of Health Services, Los Angeles County Dept. of Parks and Rec</i>	
<b>E) Nutrient and Sediment Load Reduction Projection (if applicable):</b>	<b>N/A</b>

PLEASE PROVIDE A HARD COPY AND AN ELECTRONIC COPY TO YOUR CONTRACT MANAGER AND YOUR PROGRAM ANALYST WITH YOUR QUARTERLY/MONTHLY REPORT. ALL APPLICABLE FIELDS ARE MANDATORY. IF FIELD IS NOT APPLICABLE, PLEASE PUT N/A IN BLOCK. INCOMPLETE FORMS WILL BE RETURNED. THE ELECTRONIC VERSION OF THIS FORM CAN BE FOUND AT:  
<http://www.swrcb.ca.gov/nps/319hproj.html>.